



Park Facility Request Form



☐ **Individual Name (Contact Person if organization):** _____ **Title:** _____

DOB: ____/____/____ Gender: ____ M ____ F Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Hm): (____) _____ (Wk): (____) _____ ext: _____ (Cell): (____) _____

Emergency Contact: Name: _____ Relation: _____ Phone: (____) _____

☐ **Organization** ☐ **Team** (if applicable) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

FACILITY REQUESTED: (fees on page 3-4)

Park/Facility	Shelter	Pavilion w/ Activity Room	Kitchen	Multipurpose Field	Game Field
Spilman Park		N/A	N/A		N/A
Lenn Park	N/A				
Galbreath Marshall Field	N/A	N/A	N/A		N/A

DATE(S) REQUESTED: ____/____/____ to ____/____/____

DAY(S): M Tu W Th F Sa Su **TIMES:** _____
(set-up/clean-up time is included in reservation time)

- Are you a Culpeper County resident? ☐ Yes ☐ No (Residency must be confirmed through two forms of identification.)
- Type of event to be held? _____
- Is event for personal/family use? ☐ Yes ☐ No
If No, for whose benefit is this event? _____
- Will you have a caterer, moon bounce, DJ, or any paid service(s) at this event? ☐ Yes * ☐ No
a.If yes, please list type of service & vendor name? _____
- Will the event be open to the public? ☐ Yes ☐ No
a.Is admission to be charged or money being collected at the event? ☐ Yes ☐ No
- Is there a third-party agreement with a profit-making organization? ☐ Yes ☐ No
a.If yes, name of organization: _____
- Number of people expected to attend: _____

OFFICE USE ONLY

Rental Fee Paid by: _____ Date: _____ Cash / Ck # / CC: _____
Deposit Fee Paid by: _____ Date: _____ Cash / Ck # / CC: _____
Cleaning Crew Notified of Reservation by: _____ Date: _____
Key Returned On: _____ Cleaning Check List Rcvd On: _____ Deposit Refunded by: _____ Date: _____

☐ Your Application has been approved. ☐ Your Application has been Denied.

☐ Changes / Stipulations: _____

☐ Yes ☐ No * Certificate of Liability Insurance Required (\$1,000,000)

Processed by: _____ Title: _____ Date: _____